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(Depositor's name)	
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(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/665,566	09/22/2003	Yosuke Tajika	03180 0334	6157

TITLE OF INVENTION: REMOTE CONTROLLING DEVICE, PROGRAM AND SYSTEM WITH CONTROL COMMAND CHANGING FUNCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300	\$9/28/2887	AUUKDAF\$1700	08/30/2007 0665566		
EXAMINER ART		ART UNIT	CLASS-SUBCLASS	Ø1 FC:1581		1400.00 OP		
CHANG,	, SUNRAY	2121	700-065000	32 FC:1504 300.		300.00 OP		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternat (2) the name of a sing registered attorney or	o 3 registered patent attornively, le firm (having as a memb agent) and the names of u orneys or agents. If no nam	pera 2 Farabow,	Henderson, Garrett &		
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(A) NAME OF ASSI				Y and STATE OR COUNT				
Kabushik:	i Kaisha Toshi	ba	Tokyo, Japa	an				
Please check the appropriate assignce category or categories (will not be printed on the patent):								
4a. The following fee(s) **Issue Fee **Publication Fee (I) **Advance Order -	No small entity discount p		A check is enclosed. Payment by credit ca	rd. Form PTO-2038 is atta	ached.	•		

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Typed or printed name Richard Burgujian 31,744 Registration No. _

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